

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101529205

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		2				
17		2				
18		2				
19		3				
20		3				
21		3				
22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
29		1				
30		4				
31		3				
32		3				
33		1				
34		2				
35	1		1			
36		1				
37	1		1			
38		1				
39	1		1			
40		1	1			
41		1	1			
42		1				
43		1				
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						